Online Proctor Certification Form

**ALL areas are required. Any missing information may result in an exam grade of 0.**

I certify that I will serve as an examination proctor for:

ECC Student name (please print)

ECC Student contact number

ECC Course ID

**AND will follow the examination rules that have been enclosed with the Exam.**

Proctor’s name (please print )

Proctor’s signature

Proctor’s full title:

Name and Institutional Phone Number of Proctor’s Immediate Supervisor to Certify Proctor’s Qualifications (MUST include)

Name of Proctor’s institution/library/business

Address of institution/library/business

Web address of institution/library/business

Proctor’s Phone Number Fax Number

Proctor’s e-mail address Today’s Date

If you have any questions, please contact, faculty name, title at 716-\_\_\_-\_\_\_\_ or [\_\_\_\_\_@ecc.edu](mailto:_____@ecc.edu).

It is the responsibility of the student to contact the **proctor** to schedule his/her exam and give **proctor** sufficient notice for scheduling an exam. Any proctoring fees are the responsibility of the student.